

PAGE 04/13 #8  
RESP. AMDT. C  
PATENT  
microm5.d06  
11/18/03  
RECEIVED  
CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of : Confirmation No. 1148

NOV 12 2003

Jean-Marie BADOZ : Group Art Unit 3732

Application No. 10/049,350 : Examiner: Melba N. Bumgarner

Filed: January 30, 2002 : (703) 305-0740

For a Patent for a :

CANAL FILLING METHOD AND DEVICE  
FOR PROVIDING THE FILLING PRODUCT : November 12, 2003

OFFICIAL

REPLY TO OFFICE ACTION MAILED AUGUST 12, 2003

Mail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This Reply is filed responsive to the Office Action mailed in this matter on August 12, 2003. In conjunction with this Reply, kindly amend the above-identified patent application as shown below. In accordance with the requirements of 37 C.F.R. §1.121, amendments to the claims are reflected in the listing of claims which begins on page 2 of this Reply.

Attorney's Reference: MICROM6.DOS

In re the Application of: Jean-Marie BADOZ

Application No.: 10/049,350

Filed: January 30, 2002

For: CANAL FILLING METHOD AND DEVICE  
FOR PROVIDING THE FILLING PRODUCTMail Stop Non-Fee Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Reply for the above-identified application.

 Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted. A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed. No additional fee for claims is required.

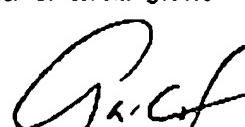
(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
CLAIMS AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL FEE	OR ADDITIONAL FEE
TOTAL 21	MINUS 21	= 0	x 9 = \$	x 18 = \$
INDEPENDENT 1	MINUS 3	= 0	x 43 = \$	x 86 = \$
<u>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</u>				+ 145 = \$ + 290 = \$
			TOTAL = \$	OR TOTAL = \$

 It is hereby petitioned for an extension of time in accordance with 37 C.F.R. §1.136(a). The appropriate fee required by 37 C.F.R. §1.17 is calculated as shown below.Small Entity

Response filed within:

- first - \$ 55.00  
 second - \$ 210.00  
 third - \$ 475.00  
 fourth - \$ 740.00

month after time period set

 Please charge my Deposit Account No. 03-2405 in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is attached. A check in the amount of \$ \_\_\_\_\_ is attached. The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-2405. A duplicate copy of this sheet is attached. Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims. Any patent application processing fees under 37 C.F.R. §1.17.November 12, 2003  
(date)
  
 GARY M. COHEN, ESQ.  
 Reg. No. 28,834  
 Attorney for Applicant  
 Telephone: (610) 975-4430

LAW OFFICE OF  
**GARY M. COHEN**  
 PATENTS, TRADEMARKS, COPYRIGHTS

**OFFICIAL**

RECEIVED  
 CENTRAL FAX CENTER  
 NOV 12 2003

STRAFFORD BUILDING NUMBER THREE  
 125 STRAFFORD AVENUE, SUITE 300  
 WAYNE, PA 19087-3318

TEL: (610) 975-4430  
 FAX: (610) 975-4436  
 (610) 687-7861  
 E-MAIL: GMCIPLAW@AOL.COM

November 12, 2003

## FACSIMILE COVER SHEET

Page 1 of 13

<b>TO:</b>  Mail Stop Non-Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>RE:</b>  Application No. 10/049,350 Filed: January 30, 2002
<b>TELEPHONE:</b>  (703) 305-0740 (Examiner: Melba N. Bumgarner)	<b>FACSIMILE:</b>  (703) 872-9306

### MESSAGE

#### CONFIDENTIALITY NOTE:

The information contained in this facsimile transmission is proprietary and confidential information intended only for receipt by the above-named party. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution or copy of this facsimile is strictly prohibited. If you have received this facsimile in error, it is asked that you please immediately notify the sender by telephone and return the original message by mail to the above address. Thank you.

PLEASE CONFIRM THE SAFE RECEIPT OF THIS TRANSMISSION